

No. 2
A-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19696/1

State File No. _____

Registrar's No. 1010

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bellefontaine
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None, Olive Street Rd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Bellefontaine
(If outside city or town limits, write "RURAL")

(d) Street No. Olive Street Road
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Crover Frank Ficke

3. (b) If veteran, name war None

3. (c) Social Security No. 492 30 3531

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1947 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from April 26 1947 to May 3 1947 that I last saw him alive on May 20 1947 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dollie Lee Ficke

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 20 1881
(Month) (Day) (Year)

Immediate cause of death: Acute cardiac failure with 2 attacks 5 days

Due to Ch. myocarditis & pericarditis

Due to 93R

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

65 8 13 hr. _____ min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER { 12. Name Herman Ficke

13. Birthplace Germany Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Enloe

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dollie Lee Ficke

(b) Address Chesterfield, Mo. R. 2

17. (a) Burial (b) Date thereof May 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cumbo Cem. Cumbo, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) 5-7-47 (b) Beulah Sharp
(Date received local registrar) (Registrar's Signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury D

Signature Ch. Denny (M. D. or other) _____
Address Creve Coeur, Mo. Date signed 5-3-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Theo. Schradel*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.